## **Application**



NOTE AND

NOTICE TO OHIO APPLICANTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or

COMPLETE Married Applicants may apply for	has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.  X SIGNATURE FOR WISCONSIN RESIDENTS ONLY  DATE								
a separate account.	☐ Individual Credit: Complete Applicant sec munity property state (AZ, CA, ID, LA, NM, NV, ☐ Joint Credit: Each Applicant must Indiv Applicant box. Amount Requested \$	TX WA WI) or (2) if your spouse	bouse (referred to as "Other") section: (1) about your spouse if you live in a com- e will use the Account. Please check box to indicate whom the information is about,  the section below. If Co-Borrower is spouse of the Applicant, mark the Co- ent.  Military Allotment.						
STATEMENT OF INTENT	Are you interested in having your loan protect if you answer "yes," the Credit Union will discloser your loan to be covered, you will need to see	se the cost to protect your loan	n. The protection is voluntary ar	id does not affect your loan ions.	approval. In order				
2	APPLICANT	30-3846	CO-APPLICANT	SPOUSE	55.00				
APPLICANT INFORMATION	NAME (Last – First – Initial)		NAME (Last - First - Initial)						
	DRIVER'S LICENSE NUMBER/STATE		DRIVER'S LICENSE NUMBER/STATE						
	ACCOUNT NUMBER SOCIAL SECU	JRITY NUMBER	ACCOUNT NUMBER SOCIAL SECURITY NUMBER						
	BIRTH DATE HOME PHONE BUS	SINESS PHONE/EXT.	BIRTH DATE HOME PHONE ( )	BUSINESS PHO	NE/EXT.				
	PRESENT ADDRESS (Street – City – State – Zip)	OWN RENT  YEARS AT THIS	PRESENT ADDRESS (Street – 0	City - State - Zip)	OWN RENT  YEARS AT THIS ADDRESS				
	PREVIOUS ADDRESS (Street - City - State - Zip)	ADDRESS OWN RENT YEARS	PREVIOUS ADDRESS (Street - City - State - Zip)  OWN RENT  YEARS						
	COMPLETE FOR JOINT CREDIT, SECURED CREDIT	AT THIS ADDRESS	COMPLETE FOR JOINT CREDIT,	SECURED CREDIT OR IF YOU LI	AT THIS ADDRESS				
	PROPERTY STATE:  MARRIED SEPARATED UNMARRIED  LIST AGES OF DEPENDENTS NOT LISTED BY OTH  (Exclude Self)	O (Single – Divorced – Widowed)	PROPERTY STATE:  MARRIED SEPARATED UNMARRIED (Single – Divorced – Widowed)  LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT  (Exclude Self)						
3 EMPLOYMENT INFORMATION	NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPL	OYER	1 146 - 347				
	YOUR TITLE/GRADE SUPERVISO	PR'S NAME	YOUR TITLE/GRADE SUPERVISOR'S NAME						
	START DATE HOURS AT WORK IF SELF	EMPLOYED, TYPE OF BUSINESS	START DATE HOURS AT WO	ORK IF SELF EMPLOYED,	TYPE OF BUSINESS				
	IF EMPLOYED IN CURRENT POSITION LESS THE PREVIOUS EMPLOYER NAME AND ADDRESS	STARTING DATE	IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS  STARTING DATE						
		ENDING DATE	IO DUTY STATION TRANSFER E	recoverage and addition	ENDING DATE				
MILITARY	IS DUTY STATION TRANSFER EXPECTED DURING WHERE	ENDING/SEPARATION DATE	IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR YES NO WHERE ENDING/SEPARATION DATE						
4	NOTICE: Alimony, child support, or separate m revealed if you do not choose to have i	aintenance income need not be t considered.	NOTICE: Alimony, child supported if you do not		income need not be				
INCOME INFORMATION	0	INCOME PER DE	### EMPLOYMENT INCOME  ### PER  ### GROSS	OTHER INCOME \$ PEI SOURCE	R HO				
5	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	NAME AND ADDRESS OF NEAR NOT LIVING WITH YOU	REST RELATIVE	RELATIONSHIP				
REFERENCES Please include Street, City, State	NAME AND ADDRESS OF PERSONAL FRIEND	HOME PHONE	NAME AND ADDRESS OF PERS	SONAL FRIEND	HOME PHONE				
and Zip.	-NOT A RELATIVE		-NOT A RELATIVE						

INFORMATIO Do not write in

this section for credit union use only. Check applicable box(es).

on loan applications made to federal credit unions or state-chartered credit unions

(INITIALS)

(DATE) BY

(A)	AFFEICANT S SIGNATURE	Subgraph (State )		DATE	OTHER SIG	SNATURE		DATE
	LOAN OFFICER CREDIT COMMITTEE O	R OTHER	ADVANCE APPROVED OUTSIDE INFORMATI		TO STILL THE DE WADE, IF ACCEPTED, ADVANCE APPROVE			D HMO
N	REFERRED TO/REASON(S) FOR REFERRAL:			\$	APPROVED LIMIT		_ DEBT RATIO	
	DESCRIBE COUNTER OFF	ER:	CHAPTER CAULTY	20160114845	M-		PERSONAL PROPERTY.	
	SPECIFIC REASON(S) FOR	REJECTIO	N:	3-0-9123				No service the
e [	SIGNATURES:  LOAN OFFICER  CREDIT COMMITTEE	x	TREATURE THE REST	TERCHI LIC	DATE	X	Pharma Mariana Mari	DATE
		X			DATE	Υ		DATE

 $\square$  ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON